PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

United States Courts
Southern District of Texas
FILED

APR 26 2017

David J. Bradley, Clerk of Court

IN THE UNITED STATES DISTRICT COURT
FOR THE Southern **DISTRICT OF TEXAS**
District **DIVISION**

Manuel Berlanga 00100815 515 Rusk Houston TX. 77002
Plaintiff's Name and ID Number

Houston's, Harris County Jail
Place of Confinement

CASE NO.________________
(Clerk will assign the number)

v.
Harris County Jail
Sheriff Dept. 1200 Baker St. Houston TX. 77002
Defendant's Name and Address

Harris County's medical
1200 Baker St. Houston TX. 77002
Defendant's Name and Address

____
Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.

2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.

3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.

4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of $350.00 plus an administrative fee of $50.00 for a total fee of **$400.00**.

2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.

3. The Prison Litigation Reform Act of 1995 (PLRA) provides "...if a prisoner brings a civil action or files an appeal *in forma pauperis,* the prisoner shall be required to pay the full amount of a filing fee." *See* 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire $350.00 statutory filing fee has been paid. (The $50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)

4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked **"NOTICE TO THE COURT OF CHANGE OF ADDRESS"** and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ___YES ✓ NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: N/A
2. Parties to previous lawsuit:
   Plaintiff(s) N/A
   Defendant(s) N/A
3. Court: (If federal, name the district; if state, name the county.)
4. Cause number:
5. Name of judge to whom case was assigned:
6. Disposition: (Was the case dismissed, appealed, still pending?)
7. Approximate date of disposition:

II. PLACE OF PRESENT CONFINEMENT:

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ___YES ✓ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Harris County Sheriffs Dept.
1200 Baker St. Houston TX. 77002

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Harris County Sherriff Dept.

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
I fell out of the bed, trying to climb down and as a result of this, I bust my head open and fractured my right leg.

Defendant #2: ___

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: ___

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: ___

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: ___

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

In the early morning of march, around 3 Am or 4 Am of the year 2017, I manuel Berlinga was trying to climb down from the top bunk of my bed where there isnt a Ladder, and thats when I slipped and fell from my bunk. as a result, I bust open my head and had to have 16 stitches inside out, a toatal of 32 stitches in all. I allso fractured my right leg, on the knee cap, as a resut, I have a cast on it now due to Harris County Inability to have a Ladder where one could safely climb up and down, this Lead to serious bodily Injuries.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want Harris County to Compensate me for my Injuries due to this Incident.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Manuel Berlanga — No Allias...

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you. Dont Remember

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ____YES ✓ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A
2. Case number: ____________
3. Approximate date sanctions were imposed: ____________
4. Have the sanctions been lifted or otherwise satisfied? ____YES ____NO

C. Has any court ever warned or notified you that sanctions could be imposed? ____YES ✓ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): __________
2. Case number: N/A
3. Approximate date warning was issued: __________

Executed on: 4-13-17
DATE

Manuel Berlanga
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 4-13-17 (Day) day of 4 (month), 20 17 (year).

Manuel Berlanga
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

⑤ About my ***dependents***: "The people who depend on me financially are listed below:

	Name	*Age*	*Relationship to Me*
1	N/A		
2			
3			
4			
5			
6			

⑥ "My **property** includes: Value*

	Value*
Cash	$ 0
Bank accounts, other financial assets *(List)*	
	$ 0
	$ 0
	$ 0
Vehicles (cars, boats) *(List make and year)*	
	$ 0
	$ 0
	0
	$ 0
Real estate (house or land) *(Do not list the house you live in.)*	
	$ 0
	$ 0
Other property (like jewelry, stocks, etc.) *(Describe)*	
	$ 0
	$ 0
Total value of property →	= $ 0

*The value is the amount the item would sell for less the amount you still owe on it (if anything).

⑦ "My monthly **expenses** are:

	Amount
Rent/house payments/maintenance	$ 0
Food and household supplies	$ 0
Utilities and telephone	$ 0
Clothing and laundry	$ 0
Medical and dental expenses	$ 0
Insurance (life, health, auto, etc)	$ 0
School and child care	$ 0
Vehicle payments	$ 0
Gas, bus fare, auto repair	$ 0
Child / spousal support	$ 0
Wages withheld by court order	$ 0
Debt payments	$ 0
Other expenses *(Describe)*	$ 0
	$
	$
	$
Total monthly Expenses →	= $ 0

⑧ "My **debts** include: *List debt and amount owed*

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page. ☐

⑨ **"I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."**

⑩ **Your Signature.** *You must either: 1) sign this form in front of a notary public or 2) sign this form and sign and attach a completed "Unsworn Declaration" form.*

▶ Manuel Beltran [signature] 4-20-17
Your Signature Date

State of Texas
County of HARRIS
Print the name of county where this Affidavit is notarized.

Notary fills out this section if you are signing in front of a notary.

L. JAMES
Notary Public
STATE OF TEXAS
Comm. Exp. [illegible] 2017

Notary Stamp here

Sworn to and subscribed before me today, April 20, 2017 by Manuel Beltran
Date *Print name of person who is signing this Affidavit. NOT the notary's name.*

▶ [signature]
Notary's Signature

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⑤ About my ***dependents***: "The people who depend on me financially are listed below:

	Name	*Age*	*Relationship to Me*
1	N/A		
2			
3			
4			
5			
6			

⑥ "My **property** includes:

	Value*
Cash	$ 0
Bank accounts, other financial assets *(List)*	
	$ 0
	$ 0
	$ 0
Vehicles (cars, boats) *(List make and year)*	
	$ 0
	$ 0
	0
	$ 0
Real estate (house or land) *(Do not list the house you live in.)*	
	$ 0
	$ 0
Other property (like jewelry, stocks, etc.) *(Describe)*	
	$ 0
	$ 0
Total value of property →	= $ 0

*The value is the amount the item would sell for less the amount you still owe on it (if anything).

⑦"My monthly **expenses** are:

	Amount
Rent/house payments/maintenance	$ 0
Food and household supplies	$ 0
Utilities and telephone	$ 0
Clothing and laundry	$ 0
Medical and dental expenses	$ 0
Insurance (life, health, auto, etc)	$ 0
School and child care	$ 0
Vehicle payments	$ 0
Gas, bus fare, auto repair	$ 0
Child / spousal support	$ 0
Wages withheld by court order	$ 0
Debt payments	$ 0
Other expenses *(Describe)*	$ 0
	$
	$
	$
Total monthly Expenses →	= $ 0

⑧ "My **debts** include: *List debt and amount owed.* ____________________

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page. ☐

⑨ **"I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."**

⑩ **Your Signature.** *You must either: 1) sign this form in front of a notary public or 2) sign this form and sign and attach a completed "Unsworn Declaration" form.*

▶ ____________________ ______________
Your Signature Date

State of Texas

Notary fills out this section if you are signing in front of a notary.

Notary stamp here

County of ________________
Print the name of county where this Affidavit is notarized.

Sworn to and subscribed before me today, ____________, by ________________
Date *Print name of person who is signing this Affidavit. NOT the notary's name.*

▶ ____________________
Notary's Signature

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HARRIS COUNTY SHERIFF'S OFFICE JAIL
Name: Manuel Berlango
SPN: 00100015 Cell: 3E 1B
Street 1200 Baker St
HOUSTON, TEXAS 77002
aramark

INDIGENT

United States Courts
Southern District of Texas
FILED
APR 26 2017
David J. Bradley, Clerk of Court

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